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**Appropriations Committee Public Hearing - Friday, February 27<sup>th</sup>, 2015 - Room 2 C of The LOB**

**Testimony Submitted by Marie Mormile-Mehler, MSW, VP of Planning and Performance**

**Improvement - Community Mental Health Affiliates, Inc.**

**Good Evening Committee Chairs, Senator Flexer, Representative Abercrombie, Ranking Member Senator Markely, Representative Case and distinguished subcommittee members.**

I represent Community Mental Health Affiliates, Inc., a large private non-profit behavioral health organization which serves as the Local Mental Health Authority (LMHA) for Catchment area 19 in Central CT. We provide behavioral health and substance abuse treatment to close to 5,000 children and adults in Central and Northwest CT.

I am here to oppose the proposed reduction in Medicaid provider rates.

These cuts will surely force community based behavioral health treatment providers to severely reduce and **CLOSE** treatment for the most vulnerable persons in our state who have nowhere else to go.

Providers have already endured 10 years of FLAT or decreased grant funding despite 2-3% yearly increases in the cost of living and a 20 year old Medicaid rate that pays, at BEST, 40% of the cost of care.

The proposed cuts are ludicrous and will result in higher costs in the Medicaid program for emergency room visits and hospitalizations.

**We are strongly opposed to the proposed reduction in Medicaid provider rates of \$107.5 million in FY 16 and \$117.5 million in FY 17, after factoring in the federal share.**

The DSS Commissioner would have discretion on how to implement the Medicaid cut – and behavioral health providers like CMHA are already losing \$110 for a one hour therapy session and nearly \$350 for a one hour psychiatry visit.

Cuts to these rates, coupled with proposed cuts to the DMHAS grants, will force us to close our offices and severely limit access to care for the most severely mentally ill patients in CT. I can say that this is a **CERTAINTY**, as the abysmally low Medicaid rates have forced us to close 8 outpatient clinics over the last 5 years. Due to these closures, more than 1,100 patients, primarily on Medicaid, are no longer receiving our services.

These are individuals with psychotic disorders who, without their medication, are likely to end up putting themselves or others in danger. These are individuals who are likely to end up in our emergency rooms, our jails or homeless on our streets.

CMHA's community based behavioral health services are effective in keeping individuals with severe mental illness stable and safe and out of these places. Our treatment services promote wellness and recovery and actually SAVE the state money in terms of reduced emergency room visits and psychiatric inpatient stays. \*

**We are also strongly opposed to the reduction in Medicaid funding by \$44 million in FY 16 and \$82 million FY 17 for the transition of 34,000 adults from Husky A to the CT Health Insurance Exchange.**

Low income adults represent our primary clients. They currently pay no premiums under the program. Under the proposals, these adults would be forced to buy insurance through the CT Health Insurance Exchange. These adults will not be able to afford the up to \$1,800 a month exchange premiums. Unemployed or with limited income, they are likely to forgo health insurance all together, creating more costs through more emergency room visits and hospitalizations.

In light of the above, I respectfully ask the Appropriations Committee to protect community based behavioral health providers from the proposed Medicaid cuts and to reject cuts to Husky A.

Thank you.

\*Actual data from CMHA study of 343 patients who received integrated health and behavioral health outpatient services from CMHA's clinic at 55 Winthrop Street, New Britain, CT. from April, 2010 to January, 2014 which compares ER/hospital use before and after enrollment in our program.

## Number of Hospital Visits Before and After Patient Enrollment in O2H

Type of Hospital Visit	Year Before O2H Enrollment	Year After O2H Enrollment	Statistical Significance (p-value)
Emergency Department	821	645	0.01
Inpatient Medicine	23	32	0.20
Inpatient Psychiatric	47	40	0.49